

# INSTRUCTIONS AND REQUIREMENTS - ELECTROLOGIST

Access this form via website at: <http://cca.hawaii.gov/pvl/>

## APPLICANTS ARE SUBJECT TO REQUIREMENTS IN EFFECT AT TIME OF FILING.

Hawaii does not reciprocate with any jurisdiction, therefore, a person shall apply, qualify, be tested, and pay the necessary fees to become licensed as an electrologist in the State of Hawaii.

Electrology is the practice of removing hair from the human body using a needle inserted into the hair follicle and using direct electrical current or shortwave alternating current, or a combination, to disable the follicle. The practice of electrology does not include any hair removal system that does not penetrate the skin.

**ALL APPLICANTS** upon filing of a complete application are required to take and pass the **written examination** to become licensed as electrologists. The applicant for license will need to comply with the requirements of the following agencies during the licensing process:

- 1) **ELECTROLOGISTS PROGRAM OF THE DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS** approves all applications for examinations and licenses;
- 2) The testing agency, **Thomson Prometric** (fka Experior Assessments, LLC) administers the examination to applicants after the application is approved. **ALL INQUIRIES REGARDING THE EXAMINATION SHOULD BE DIRECTED TO THOMSON PROMETRIC AT (808) 261-8182.**

The requirements and steps to obtain and maintain an electrologist's license in Hawaii are:

- 1) Satisfy the qualification requirements;
- 2) Complete the electrologist's license application form;
- 3) Upon approval, you will receive examination information; you must register **DIRECTLY** with Thomson Prometric to take the examination;
- 4) Take and pass the examination;
- 5) Apply for and receive your electrologist's license;
- 6) Renew your license every 2 years.

Details for each of the steps are listed in the sections below. The number of each section corresponds to the step number above.

### **1) SATISFY THE QUALIFICATION REQUIREMENTS**

Age: Be at least 18 years of age.

Training: Have electrology training (schooling/apprenticeship) in compliance with Hawaii's curriculum:  

- o 600 hours of schooling from an electrology school that is accredited by a national or regional accrediting agency, or is licensed in any U.S. jurisdiction as an electrology school; **OR**
- o 800 hours of qualified apprenticeship over a period of not less than six (6) months; **OR**
- o 700 hours of combination of schooling and apprenticeship.

Experience (after licensure and/or completion of training) in excess of 1 year may be used to satisfy this requirement.

Out-of-State/Foreign License and Experience: Another qualification pathway is to have a electrologist's license from another jurisdiction **and** have at least 1 year of applicable experience (after licensure). The Board may accept only the number of hours recognized by the jurisdiction that issued your license.

### **2) COMPLETE THE ELECTROLOGIST'S LICENSE APPLICATION FORM**

Complete the Electrologist's License Application and **ATTACH** the appropriate qualification documents and fees.

**Failure to provide all the requested information will delay the processing of your application.**

Schooling/ Apprenticeship Verification: Form EL-02 is used to verify apprenticeship training and/or electrology schooling. It must be completed and signed by the applicant's trainer, who must be a licensed electrologist.

Complete the top portion of the form, then have your trainer complete and sign the bottom portion. Be sure that the subjects and hours of your training are noted on the form.

(CONTINUED ON BACK)

Schooling/  
Apprenticeship  
Verification: (Cont.)

**ATTACH** all supporting documents (such as transcripts of accredited or licensed schools of electrology or apprenticeship training records) that include information on the subjects and hours per subject that you have completed.

Out-of-State/Foreign  
License Experience  
Verification:

Form EL-03 is used to verify electrology experience. It must be completed and signed by your supervisor or employer, who must be a licensed electrologist; or if you are licensed in another U.S. jurisdiction as an electrologist, you must complete and sign the form.

Complete the top portion of the form, then have your supervisor or employer complete and sign the bottom portion. Also, attach a copy of your electrologist license.

Fees:

**Attach** the non-refundable application fee of **\$50.00** to the license application. Your check should be made payable to **COMMERCE AND CONSUMER AFFAIRS**.

**Note:** *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service fee will be charged for checks which are returned by the bank.*

*If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.*

### **3) REGISTER WITH THE TESTING AGENCY TO TAKE THE EXAMINATION**

Upon receipt of a complete application, a letter of approval will be sent to your mailing address together with a Thomson Prometric "Examination Registration" form and a "Candidate Information Brochure". If you need assistance in completing these forms, please contact Thomson Prometric at (808) 261-8182, or log onto their website at [www.prometric.com.hawaii](http://www.prometric.com.hawaii). You must register directly with Thomson Prometric by the examination registration deadline, and pay the necessary fees **DIRECTLY** to Thomson Prometric. Examinations are scheduled monthly. Please refer to the "Exam Schedule" for filing deadlines.

**It is your responsibility to meet the filing deadlines and examination dates.**

**REQUESTS TO TAKE THE LICENSING EXAMINATION OUT-OF-STATE** – must be approved by the Board. Submit your written request along with your application in advance of the deadline date, to allow for sufficient processing time. Please be advised that you are responsible for any additional cost for this out-of-state testing accommodation and test locations are limited to sites at which the testing service has a secured office.

### **4) TAKE AND PASS THE EXAMINATION**

Admission to  
the Examination:

After registering with Thomson Prometric, you will receive an "Admission Ticket" by mail approximately 10 days prior to the examination date. If you have not received your ticket within 5 days of the examination date, contact Thomson Prometric immediately at (808) 261-8182.

Examination  
Results:

Your examination results will be mailed to you approximately 2 weeks after the examination date. Applicants who pass the examination will be sent instructions on how to apply for a license. Applicants who do not pass the examination will be sent re-examination information and instructions for the next examination.

### **5) APPLYING FOR THE LICENSE**

Included with your notification of passing the examination is information on how to apply for the electrologist's license. The required licensing fees as noted on your "Fees Due" notice must be remitted at this time.

## **6) BIENNIAL RENEWAL OF LICENSE**

All electrologists' licenses, regardless of when issued, expire on December 31 of each even-numbered year. Licenses must be renewed on or before this expiration date. About 2 months before the expiration date, the "Renewal Application" is mailed to all licensees at their address of record. To ensure that you receive the renewal application form, keep the Electrologists Program informed in writing of your current mailing address. If you do not receive a renewal form 1 month before the expiration date, contact the Licensing Branch of the Professional and Vocational Licensing Division, Department of Commerce and Consumer Affairs for assistance at (808) 586-3000.

License renewal after the expiration date and within the 1-year restoration period is subject to penalty fees. After that, you cannot restore your license and you will need to reapply for licensure as a new applicant.

### **ADDRESS OF THE ELECTROLOGIST PROGRAM**

**Mailing Address:**

Electrologist Licensing Program  
DCCA, PVL, Licensing Branch  
P. O. Box 3469  
Honolulu, HI 96801

**Office Location:**

335 Merchant Street, Room 301  
King Kalakaua Building  
Honolulu, HI 96813  
Phone No. (808) 586-3000

### **LAWS AND RULES**

To obtain a copy of the electrologist laws, Chapter 448F, Hawaii Revised Statutes, and rules, Chapter 16-113, Hawaii Administrative Rules, send a written request to: Electrologist Licensing Program, COMMERCE AND CONSUMER AFFAIRS, P.O. Box 3469, Honolulu, Hawaii 96801. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act, should be read in conjunction with the electrologist laws and rules.

The laws and rules are also posted on our website at <http://cca.hawaii.gov/pvl/>. Click on "Electrologist" then click on "Statute/Rule Chapter" in the yellow box on the right.

**BE ADVISED THAT THE ELECTROLOGIST LICENSING EXAMINATION INCLUDES QUESTIONS ON THE ELECTROLOGIST LAWS AND RULES.**

### **ABANDONMENT OF APPLICATION**

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

# APPLICATION FOR EXAM & LICENSE – ELECTROLOGIST

Read the attached "Instructions & Requirements" before completing this form.  
Type or print legibly in dark ink.

Legal Name (First, Middle)		(Last)
Residence Address (Include apt. no., city, state & zip code)		
Mailing Address (ONLY if different from residence address)		
Social Security No.		Phone No. (days)
Other Names Used (previous surnames, maiden name, nicknames, and aliases; <b>REQUIRED</b> if supporting documents are in that name.)		

[ ] Training or [ ] OIS License	[ ] 1 yr experience
Approved:	
Eff. Date	Lic. No. EL -
FOR OFFICE USE ONLY	

Circle answers and give details when required:

- 1) Are you at least 18 years of age? ..... YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States?..... YES NO  
*(If "NO", read the Important Notice that is attached to this form.)*
- 3) Have you ever applied for an electrologist license in Hawaii?..... YES NO  
*If "YES", when (month/year) did you apply? \_\_\_\_\_*
- 4) Have you ever been declared mentally incompetent by any court? ..... YES NO  
*If "YES", give details on a separate sheet.*
- 5) Was any license ever revoked, suspended or otherwise subject to disciplinary action? ..... YES NO  
*If "YES", specify jurisdiction where action took place, penalty imposed and reasons for such action on a separate sheet, and submit pertinent documents.*
- 6) Are you presently being investigated or is any disciplinary action pending against you? ..... YES NO  
*If "YES", specify jurisdiction where action is pending and reasons for such action on a separate sheet, and submit pertinent documents.*
- 7) Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ..... YES NO  
*If "YES", explain on a separate sheet, and submit certified court documentation on the date, place, violation of each conviction and fulfillment of conditions for each sentence.*

## AFFIDAVIT OF APPLICANT:

I hereby certify that the statements, answers, and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license and is a misdemeanor (*Section 710-1017, and Sections 436B-19, and 439-19, Hawaii Revised Statutes*). I further certify that I have read and will abide by the provisions of Hawaii Revised Statutes, Chapter 448F and Hawaii Administrative Rules, Chapter 16-113.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

App. .... 702 ..... \$50

Lic ..... 703 ..... \$48  
 CRF..... 710 ..... \$50/100  
 1/2 Renewal..... 701 ..... \$48  
 Service fee ..... BCF..... \$25

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## ELECTROLOGY TRAINING AND EXPERIENCE

EDUCATION	Name of School	Location of School (city-state, country)	Dates Attended (mo/yr)		Highest Grade Completed or Hrs Completed	School Recognition		
			From	To		Accredited	License	
	Electrology School					Hrs		
	Electrology School					Hrs		
Other Schooling					Hrs			

  

APPRENTICE HISTORY	Name of Trainer	Address of Trainer	Dates Employed (mo/yr)		Apprenticeship Length of Service	Av Hrs Per Week	Hours Completed
			From	To			
						Yrs    Mos	
						Yrs    Mos	
					Yrs    Mos		

  

LICENSES	Jurisdiction Name of State/Country	Method of Licensure (Exam, Reciprocity)	License Number	Date Licensed	Expiration Date

  

EMPLOYMENT HISTORY	Name of Employer	Address of Employer	Dates Employed (mo/yr)		Length of Service	Av Hrs Per Week	Position Title
			From	To			
						Yrs    Mos	
						Yrs    Mos	
					Yrs    Mos		
					Yrs    Mos		

PLEASE SUBMIT THE NECESSARY DOCUMENTS THAT VERIFY THE TRAINING/EXPERIENCE AS LISTED ABOVE.

# SCHOOLING/APPRENTICESHIP VERIFICATION – ELECTROLOGIST

Access this form via website at: <http://cca.hawaii.gov/pvl/>

## PART I. TO BE COMPLETED BY APPLICANT

Fill in your NAME and ADDRESS only. Your TRAINER must complete the other sections. After it is completed, ATTACH it to your application form.

Name of Applicant (First, Middle)	(Last)
Mailing Address of Applicant	DATE

## PART II. TO BE COMPLETED BY TRAINER OF APPLICANT

The above applicant is applying for an electrologist license in Hawaii. Your assistance as a qualified person in the trade is necessary to provide valid and accurate verification of training. Please sign and return this completed form to the **APPLICANT** who must attach it to the application form.

Please indicate your qualifications in the practice of electrology before verifying the applicant's Apprenticeship training.

### Name and Address of Trainer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Title: \_\_\_\_\_  
Years of Experience: \_\_\_\_\_  
License No.: \_\_\_\_\_  
Lic. Eff Date: \_\_\_\_\_ Exp Date: \_\_\_\_\_

### Apprentice Training Information:

Start date: \_\_\_\_\_  
End date: \_\_\_\_\_  
Length of Training: \_\_\_\_\_  
Average hours per week: \_\_\_\_\_

Training: Describe the course of training by subjects and hours for each subject.

Subjects:

If applicant is an APPRENTICE, list the number of training hours for each of the subjects listed below:

Theory .....	_____
Clinical Training.....	_____
TOTAL	_____

I hereby certify that the information provided on the above-named applicant is true and correct, and that I am a licensed electrologist or a qualified person.

\_\_\_\_\_  
Signature of Trainer/Qualified Person  
Phone No. \_\_\_\_\_ Date \_\_\_\_\_

# EXPERIENCE VERIFICATION – ELECTROLOGIST

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## PART I. TO BE COMPLETED BY APPLICANT

Fill in your **NAME** and **ADDRESS** only. Your supervisor/employer must complete the other sections. After it is completed, **ATTACH** it to your application form.

Name of Applicant (First, Middle)	(Last)
Mailing Address of Applicant	DATE

## PART II. TO BE COMPLETED BY SUPERVISOR/EMPLOYER OF APPLICANT

Your assistance as a qualified person in the practice is necessary to provide valid and accurate verification of experience. Acceptable verification is from a qualified person in the practice working with and/or responsible for the applicant. Please sign and return this completed "Experience Verification" form to the **APPLICANT** who must attach it to the application form. (If self-employed, complete this form and attach a copy of your shop or business license.)

Please indicate your qualifications in the practice of electrology before verifying the applicant's experience:

Name and Address of Supervisor/Employer:

Title: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

License No.: \_\_\_\_\_

Years Licensed: \_\_\_\_\_

Applicant's Employment Information:

Employment Date	Termination Date	Total Length of Employment	Average Hours Per Week
		yrs.      mos.	

EXPERIENCE: Describe work performed.

I hereby certify that the information provided on the above-named applicant is true and correct, and that I am a licensed electrologist or a qualified person.

\_\_\_\_\_  
Signature of Supervisor/Employer/Qualified Person

# ***IMPORTANT NOTICE***

## **ELECTROLOGISTS**

### **New License Requirement**

Effective June 17, 2003 and pursuant to Hawaii Revised Statutes section 436B-10 and federal law, it is the policy of the State of Hawaii ("**State**") Department of Commerce and Consumer Affairs ("**Department**"), Electrologist licensing program that, in addition to meeting the education, experience, and examination requirements for licensure, an applicant for a Hawaii public accountant's license is required to be either **a United States citizen, a United States national, or an alien authorized to work in the United States.**

**This means that, even if an applicant meets the education, experience, and examination requirements for licensure, that applicant shall not be issued a license if that applicant is not a U.S. citizen, a U.S. national, or an alien authorized to work in the U.S.**

However, the Board will issue the applicant a **conditional approval** that signifies that the applicant has met the education, experience, and examination requirements for licensure; provided that this conditional approval shall **not** be considered a license to engage in the profession and shall **not** authorize the applicant to work in our State. To obtain authorization to work in our State, the applicant shall be required to contact the U.S. Citizenship and Immigration Services ("**USCIS**"). In addition, federal law [45 U.S.C. 666 (a)(13)(A)] requires that once an applicant is authorized by the USCIS to work in the U.S., the applicant must supply his/her Social Security Number ("**SSN**") so that states can use this information for child support enforcement purposes.

Once the applicant submits evidence to the Board that the USCIS has authorized the applicant to work in the U.S. (without conditions or other encumbrances), **provides a SSN**, and meets all of the licensing requirements in effect at that time (including, but not limited to, the requirement that the applicant has not been convicted of any crime that is directly related to the profession), the applicant shall be issued a full and unrestricted license.

This conditional approval shall be valid for two (2) years. An applicant must obtain the appropriate USCIS authorization within this two (2) year period in order to have a license issued. If the applicant is unable to meet this deadline, the applicant may be required to reapply for licensure and meet all of the requirements in effect at that time.